

## Medications Requiring Prior Authorization for Medical Necessity

Below is a list of medicines by drug class that will not be covered without a prior authorization for medical necessity. If you continue using one of these drugs without prior approval for medical necessity, you may be required to pay the full cost.

If you are currently using one of the drugs requiring prior authorization for medical necessity, ask your doctor to choose one of the generic or brand formulary options listed below.

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
Acromegaly	SANDOSTATIN LAR SIGNIFOR LAR SOMAVERT	SOMATULINE DEPOT
Allergies Antihistamines	<i>dexchlorpheniramine</i> <i>Diphen Elixir</i> <i>RyClora</i> CARBINOXAMINE TABLET 6 MG	<i>levocetirizine</i>
Allergies Nasal Steroids / Combinations	BECONASE AQ OMNARIS QNASL ZETONNA	<i>azelastine-fluticasone</i> , <i>flunisolide</i> , <i>fluticasone</i> , <i>mometasone</i>
Anticonvulsants	<i>topiramate ext-rel capsule</i> (generics for QUDEXY XR only)	<i>carbamazepine</i> , <i>carbamazepine ext-rel</i> , <i>clobazam</i> , <i>divalproex sodium</i> , <i>divalproex sodium ext-rel</i> , <i>gabapentin</i> , <i>lamotrigine</i> , <i>lamotrigine ext-rel</i> , <i>levetiracetam</i> , <i>levetiracetam ext-rel</i> , <i>oxcarbazepine</i> , <i>phenobarbital</i> , <i>phenytoin</i> , <i>phenytoin sodium extended</i> , <i>primidone</i> , <i>rufinamide</i> , <i>tiagabine</i> , <i>topiramate</i> , <i>valproic acid</i> , <i>zonisamide</i> , FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI
	BANZEL SUSPENSION ONFI	<i>clobazam</i> , <i>lamotrigine</i> , <i>rufinamide</i> , <i>topiramate</i> , TROKENDI XR
	SABRIL  ZONEGRAN	<i>vigabatrin</i>  <i>carbamazepine</i> , <i>carbamazepine ext-rel</i> , <i>divalproex sodium</i> , <i>divalproex sodium ext-rel</i> , <i>gabapentin</i> , <i>lamotrigine</i> , <i>lamotrigine ext-rel</i> , <i>levetiracetam</i> , <i>levetiracetam ext-rel</i> , <i>oxcarbazepine</i> , <i>phenobarbital</i> , <i>phenytoin</i> , <i>phenytoin sodium extended</i> , <i>primidone</i> , <i>tiagabine</i> , <i>topiramate</i> , <i>valproic acid</i> , <i>zonisamide</i> , FYCOMPA, OXTELLAR XR, TROKENDI XR, VIMPAT, XCOPRI
Anti-infectives, Antibacterials Erythromycins / Macrolides	E.E.S. GRANULES ERYPED	<i>erythromycins</i>
Anti-infectives, Antibacterials Tetracyclines	<i>doxycycline hyclate delayed-rel tablet 50 mg</i> <i>doxycycline hyclate delayed-rel tablet 100 mg</i> <i>doxycycline hyclate delayed-rel tablet 200 mg</i> <i>doxycycline hyclate tablet 50 mg</i> (NDC <sup>^</sup> 72143021160 only) <i>doxycycline hyclate tablet 75 mg</i> <i>doxycycline hyclate tablet 150 mg</i> <i>doxycycline monohydrate capsule 75 mg</i> <i>doxycycline monohydrate capsule 150 mg</i> <i>minocycline ext-rel</i> <i>CoreMino</i> <i>Mondoxyme NL capsule 75 mg</i> <i>Targadox</i> ACTICLATE DORYX DORYX MPC	<i>doxycycline hyclate 20 mg</i> , <i>doxycycline hyclate capsule</i> , <i>minocycline</i> , <i>tetracycline</i>
Anti-infectives, Antibacterials Miscellaneous	<i>nitrofurantoin</i> (NDCs <sup>^</sup> 16571074024, 70408023932 only) MACRODANTIN	<i>nitrofurantoin</i> (except NDCs <sup>^</sup> 16571074024, 70408023932)

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<i>Anti-infectives, Antifungals</i>	<i>flucytosine capsule 500 mg</i>	<i>fluconazole</i>
	<i>posaconazole delayed-rel tablet NOXAFIL</i>	<i>fluconazole, itraconazole</i>
	CRESEMBA	<i>itraconazole</i>
	<i>tavaborole</i>	<i>terbinafine tablet</i>
<i>Anti-infectives, Antiretroviral Agents Combination Agents</i>	ATRIPLA COMPLERA	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, STRIBILD, SYMTUZA, TRIUMEQ</i>
	TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, CIMDUO, DESCOVY, TEMIXYS</i>
<i>Anti-infectives, Antiretroviral Agents Protease Inhibitors</i>	APTIVUS	Consult doctor
	INVIRASE LEXIVA VIRACEPT	<i>atazanavir, EVOTAZ, PREZCOBIX, PREZISTA</i>
<i>Anti-infectives, Antivirals Cytomegalovirus *</i>	VALCYTE	<i>valganciclovir</i>
<i>Anti-infectives, Antivirals Hepatitis B *</i>	BARACLUDE TABLET	<i>entecavir, lamivudine, VEMLIDY</i>
<i>Anti-infectives, Antivirals Hepatitis C *</i>	MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI <sup>2</sup>
	VIEKIRA PAK ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
<i>Anti-infectives, Antivirals Herpes *</i>	<i>acyclovir cream VALTREX</i>	<i>acyclovir capsule, acyclovir tablet, valacyclovir</i>
<i>Anti-infectives Miscellaneous</i>	DARAPRIM	<i>pyrimethamine</i>
<i>Antiobesity</i>	CONTRAVE XENICAL	QSYMIA, SAXENDA, WEGOVY
<i>Anxiety *</i> Benzodiazepines	ATIVAN XANAX XANAX XR	<i>alprazolam, clonazepam, diazepam, lorazepam, oxazepam</i>
<i>Asthma *</i> Beta Agonists, Short-Acting	PROAIR HFA PROAIR RESPICLICK PROVENTIL HFA VENTOLIN HFA XOPENEX HFA	<i>albuterol sulfate CFC-free aerosol, levalbuterol tartrate CFC-free aerosol</i>
<i>Asthma *</i> Leukotriene Modulators	<i>zileuton ext-rel SINGULAIR</i>	<i>montelukast, zafirlukast</i>
<i>Asthma *</i> Steroid Inhalants	ALVESCO ASMANEX ASMANEX HFA	ARNUITY ELLIPTA, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR REDIHALER
<i>Asthma * or Chronic Obstructive Pulmonary Disease (COPD) *</i> Steroid / Beta Agonist Combinations	DULERA	ADVAIR DISKUS, ADVAIR HFA †, BREO ELLIPTA †, SYMBICORT

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Attention Deficit Hyperactivity Disorder *	ADDERALL EVEKEO	<i>amphetamine-dextroamphetamine mixed salts, methylphenidate</i>
	ADZENYS ER ADZENYS XR-ODT APTENSIO XR DAYTRANA FOCALIN XR	<i>amphetamine-dextroamphetamine mixed salts ext-rel †, dexamethylphenidate ext-rel, methylphenidate ext-rel †, MYDAYIS, VYVANSE</i>
	INTUNIV	<i>amphetamine-dextroamphetamine mixed salts ext-rel †, atomoxetine, dexamethylphenidate ext-rel, guanfacine ext-rel, methylphenidate ext-rel †, MYDAYIS, QELBREE, VYVANSE</i>
Autoimmune Agents Physician-Administered Agents	ACTEMRA INTRAVENOUS ORENCIA INTRAVENOUS	REMICADE, SIMPONI ARIA
	AVSOLA CIMZIA LYOPHILIZED POWDER INFLECTRA RENFLXIS	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS
	ENTYVIO (For Crohn's Disease Only)	REMICADE, STELARA INTRAVENOUS
	ILUMYA	REMICADE
Autoimmune Agents Self-Administered Agents	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET	ENBREL, HUMIRA, RINVOQ, XELJANZ, XELJANZ XR
	CIMZIA PREFILLED SYRINGE	COSENTYX, ENBREL, HUMIRA, OTEZLA, RINVOQ, SKYRIZI, STELARA SUBCUTANEOUS, TREMFYA, XELJANZ, XELJANZ XR
	ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI	COSENTYX, ENBREL, HUMIRA, OTEZLA, RINVOQ, STELARA SUBCUTANEOUS, XELJANZ, XELJANZ XR
	TALTZ	COSENTYX, ENBREL, HUMIRA, OTEZLA, SKYRIZI, STELARA SUBCUTANEOUS, TREMFYA, XELJANZ, XELJANZ XR
Botulinum Toxins	BOTOX	Consult doctor
Cancer Biosimilars	RIABNI TRUXIMA	RUXIENCE
Cancer Chronic Myelogenous Leukemia * Kinase Inhibitors	GLEEVEC ICLUSIG TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
Cancer Follicular Lymphoma * PI3K Inhibitors	ALIQOPA ZYDELIG	COPIKTRA
Cancer Monoclonal Antibodies	AVASTIN	ZIRABEV
	HERCEPTIN HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
	RITUXAN	RUXIENCE
Cancer mTOR Inhibitors	AFINITOR	<i>everolimus, AFINITOR DISPERZ</i>
Cancer Multiple Myeloma * Proteasome Inhibitors	BORTEZOMIB KYPROLIS	NINLARO, VELCADE

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<i>Cancer</i> Non-Small Cell Lung Cancer * ALK Inhibitors	XALKORI	ALECENSA, ALUNBRIG, ZYKADIA
<i>Cancer</i> Prostate * Antiandrogens	NILANDRON ZYTIGA	<i>abiraterone, bicalutamide, ERLEADA, XTANDI, YONSA</i>
<i>Cancer</i> Prostate * Luteinizing Hormone-Releasing Hormone (LHRH) Agonists	LUPRON DEPOT TRELSTAR MIXJECT ZOLADEX	ELIGARD, FIRMAGON
<i>Cardiovascular</i> Antiarrhythmics	BETAPACE BETAPACE AF	<i>sotalol</i>
	NORPACE	<i>disopyramide</i>
<i>Cardiovascular</i> Antilipemics Cholesterol Absorption Inhibitors	ZETIA	<i>ezetimibe</i>
<i>Cardiovascular</i> Antilipemics Fibrates	<i>fenofibrate capsule 50 mg</i> <i>fenofibrate capsule 130 mg</i> <i>fenofibrate tablet 40 mg</i> <i>fenofibrate tablet 120 mg</i> FENOGLIDE TABLET 120 MG TRICOR	<i>fenofibrate (except fenofibrate capsule 50 mg, 130 mg; fenofibrate tablet 40 mg, 120 mg), fenofibric acid delayed-rel</i>
<i>Cardiovascular</i> Antilipemics HMG-CoA Reductase Inhibitors (HMGs or Statins) / Combinations <sup>3</sup>	ALTOPREV CRESTOR LESCOL XL LIPITOR LIVALO	<i>atorvastatin, ezetimibe-simvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>
<i>Cardiovascular</i> Antilipemics Niacins	<i>niacin tablet 500 mg</i> <i>Niacor</i>	<i>niacin ext-rel</i>
<i>Cardiovascular</i> Antilipemics Omega-3 Fatty Acids	<i>icosapent ethyl</i>	<i>omega-3 acid ethyl esters, VASCEPA</i>
<i>Cardiovascular</i> Antilipemics PCSK9 Inhibitors	REPATHA	PRALUENT
<i>Cardiovascular</i> Digitalis Glycosides	LANOXIN TABLET (125 MCG and 250 MCG only)	<i>digoxin</i>
<i>Cardiovascular</i> Diuretics	DYRENIUM	<i>amiloride, triamterene</i>
<i>Cardiovascular</i> Nitrates	<i>isosorbide dinitrate 40 mg</i>	<i>isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate</i>
<i>Cardiovascular</i> Pulmonary Arterial Hypertension Endothelin Receptor Antagonists	LETAIRIS TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>

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<i>Cardiovascular</i> Pulmonary Arterial Hypertension Prostaglandin Vasodilators	REMODULIN	<i>treprostinil</i>
<i>Carnitine Deficiency</i>	CARNITOR CARNITOR SF	<i>levocarnitine</i>
<i>Chronic Obstructive Pulmonary Disease (COPD) *</i> Anticholinergics	INCRUSE ELLIPTA TUDORZA	SPIRIVA, YUPELRI
<i>Chronic Obstructive Pulmonary Disease (COPD) *</i> Anticholinergic / Beta Agonist Combinations Long Acting	BEVESPI AEROSPHERE	ANORO ELLIPTA, STIOLTO RESPIMAT
<i>Contraceptives</i> Oral	BALCOLTRA BEYAZ MINASTRIN 24 FE SEASONIQUE TAYTULLA YASMIN YAZ	<i>ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron, ethinyl estradiol-norgestimate, LO LOESTRIN FE, NATAZIA</i>
<i>Contraceptives</i> Vaginal	NUVARING	<i>ethinyl estradiol-etonogestrel, ANNOVERA</i>
<i>Cystic Fibrosis *</i> Inhaled Antibiotics	TOBI TOBI PODHALER	<i>tobramycin inhalation solution, BETHKIS</i>
<i>Dental</i> Cavity/Caries Prevention	PREVIDENT	Consult doctor
<i>Depression *</i> Antidepressants, Selective Serotonin Reuptake Inhibitors (SSRIs)	<i>fluoxetine tablet 60 mg</i> <i>paroxetine HCl ext-rel (NDC<sup>^</sup> 60505367503 only)</i> LEXAPRO PAXIL PAXIL CR PEXEVA PROZAC VIIBRYD ZOLOFT	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel (except NDC<sup>^</sup> 60505367503), sertraline, TRINTELLIX</i>
<i>Depression *</i> Antidepressants, Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)	<i>venlafaxine ext-rel tablet (except 225 mg)</i> CYMBALTA EFFEXOR XR PRISTIQ	<i>desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel capsule</i>
<i>Depression *</i> Antidepressants, Miscellaneous Agents	<i>bupropion ext-rel tablet 450 mg</i>	<i>bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)</i>
	OLEPTRO	<i>trazodone</i>
<i>Depression and/or Schizophrenia *</i> Antipsychotics, Atypicals	ABILIFY FANAPT SEROQUEL XR	<i>aripiprazole, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR</i>

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Dermatology Acne *	clindamycin gel (NDC <sup>^</sup> 68682046275 only) Vanoxide-HC ACANYA AZELEX BENZACLIN DIFFERIN LOTION FABIOR TAZORAC VELTIN ZIANA	adapalene, benzoyl peroxide, clindamycin gel (except NDC <sup>^</sup> 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON
Dermatology Actinic Keratosis *	fluorouracil cream 0.5% CARAC	fluorouracil cream 5%, fluorouracil solution, imiquimod, ZYCLARA
Dermatology Anti-infective / Anti-inflammatory	NEO-SYNALAR	desonide or hydrocortisone <b>WITH</b> gentamicin
Dermatology Antibiotics	mupirocin cream	gentamicin, mupirocin ointment
Dermatology Antipsoriatics	calcipotriene cream calcipotriene foam calcitriol ointment CALCIPOTRIENE FOAM SORILUX TAZORAC VECTICAL	calcipotriene ointment, calcipotriene solution
	calcipotriene-betamethasone	calcipotriene ointment or calcipotriene solution <b>WITH</b> desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%) or BRYHALI
Dermatology Atopic Dermatitis *	doxepin cream	desonide, hydrocortisone, pimecrolimus, tacrolimus, EUCRISA
	ELIDEL	pimecrolimus, tacrolimus, EUCRISA
Dermatology Rosacea *	doxycycline monohydrate delayed-rel capsule	ORACEA
	ivermectin cream FINACEA GEL MIRVASO NORITATE	azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA
Dermatology Scars	BEAU RX CICATRACE POLYTOZA RECEDO SCARSILK PAD SIL-K PAD SILIVEX SILTREX	Consult doctor
Dermatology Seborrheic Dermatitis *	ketoconazole foam 2% Ketodan	ketoconazole shampoo 2%, selenium sulfide lotion 2.5%
	XOLEGEL	ciclopirox, ketoconazole cream 2%
Dermatology Skin Inflammation and Hives * Low Potency Corticosteroids	flurandrenolide cream flurandrenolide lotion Nolix CORDRAN CREAM CORDRAN LOTION	desonide, hydrocortisone

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<i>Dermatology</i> Skin Inflammation and Hives * Medium Potency Corticosteroids	<i>clocortolone cream</i> <i>desoximetasone ointment 0.05%</i> <i>flurandrenolide ointment</i> <i>hydrocortisone butyrate lipophilic cream 0.1%</i> <i>hydrocortisone butyrate lotion</i> <i>triamcinolone aerosol 0.2%</i> <i>triamcinolone ointment 0.05%</i> <i>Trianex</i> CORDRAN OINTMENT	<i>hydrocortisone butyrate cream, hydrocortisone butyrate ointment, hydrocortisone butyrate solution, mometasone, triamcinolone cream, triamcinolone lotion, triamcinolone ointment (except triamcinolone ointment 0.05%)</i>
<i>Dermatology</i> Skin Inflammation and Hives * High Potency Corticosteroids	<i>diflorasone cream</i> <i>diflorasone ointment</i> <i>halcinonide cream</i> APEXICON E HALOG PSORCON	<i>desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI</i>
<i>Dermatology</i> Skin Inflammation and Hives * Very High Potency Corticosteroids	<i>clobetasol spray</i> CLOBEX SPRAY OLUX-E	<i>clobetasol foam</i>
	<i>fluocinonide cream 0.1%</i>	<i>clobetasol cream, halobetasol cream</i>
	CORDRAN TAPE ULTRAVATE	<i>clobetasol cream, clobetasol foam, clobetasol gel, clobetasol lotion, clobetasol ointment, halobetasol cream, halobetasol ointment</i>
<i>Dermatology</i> Warts	VEREGEN	<i>imiquimod</i>
<i>Dermatology</i> Wound Care Products	ALEVICYN GEL ALEVICYN SG ALEVICYN SOLUTION	<i>desonide, hydrocortisone</i>
<i>Dermatology</i> Miscellaneous Skin Conditions	ALCORTIN A ATOPADERM BENSAL HP EPICERAM KAMDOY NOVACORT SYNERDERM	<i>desonide, hydrocortisone</i>
	<i>luliconazole</i> <i>oxiconazole</i> (NDCs <sup>A</sup> 00168035830, 51672135902 only)	<i>ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, NAFTIN</i>
<i>Diabetes *</i> Biguanides	<i>metformin ext-rel (generics for FORTAMET and GLUMETZA only)</i> FORTAMET GLUMETZA RIOMET	<i>metformin, metformin ext-rel (except generics for FORTAMET and GLUMETZA)</i>
<i>Diabetes *</i> Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	NESINA ONGLYZA TRADJENTA	JANUVIA
<i>Diabetes *</i> Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR	JANUMET, JANUMET XR
	OSENI	JANUMET, JANUMET XR; JANUVIA <b>WITH</b> <i>pioglitazone</i>
<i>Diabetes *</i> Injectable Incretin Mimetics	BYDUREON BCISE BYETTA	OZEMPIC, RYBELSUS, TRULICITY, VICTOZA

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<i>Diabetes</i> * Insulins	APIDRA HUMALOG	FIASP, NOVOLOG
	HUMALOG MIX 50/50	NOVOLOG MIX 70/30
	HUMALOG MIX 75/25	NOVOLOG MIX 70/30
	HUMULIN 70/30 <sup>4</sup>	NOVOLIN 70/30 <sup>4</sup>
	HUMULIN N <sup>4</sup>	NOVOLIN N <sup>4</sup>
	HUMULIN R <sup>4</sup>	NOVOLIN R <sup>4</sup>
	NOTE: <i>Humulin R U-500 concentrate will not be subject to prior authorization and will continue to be covered.</i>	
<i>Diabetes</i> * Long Acting Insulins <sup>5</sup>	LANTUS	BASAGLAR, LEVEMIR
<i>Diabetes</i> * Insulin Sensitizers	ACTOS	<i>pioglitazone</i>
<i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitors	INVOKANA	FARXIGA, JARDIANCE
<i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Biguanide Combinations	INVOKAMET INVOKAMET XR	SYNJARDY, SYNJARDY XR, XIGDUO XR
<i>Diabetes</i> * Sodium-Glucose Co-transporter 2 (SGLT2) Inhibitor / Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations	QTERN	GLYXAMBI
<i>Diabetes</i> * Supplies, Needles <sup>6</sup>	NOVO NORDISK NEEDLES OWEN MUMFORD NEEDLES PERRIGO NEEDLES ULTIMED NEEDLES All other insulin needles that are not BD ULTRAFINE brand	BD ULTRAFINE NEEDLES
<i>Diabetes</i> * Supplies, Syringes <sup>6</sup>	ALLISON MEDICAL INSULIN SYRINGES TRIVIDIA INSULIN SYRINGES ULTIMED INSULIN SYRINGES All other insulin syringes that are not BD ULTRAFINE brand	BD ULTRAFINE INSULIN SYRINGES



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<b>Diabetes *</b> Supplies, Test Strips and Kits <sup>7, 8</sup>	BREEZE 2 STRIPS AND KITS CONTOUR NEXT STRIPS AND KITS CONTOUR STRIPS AND KITS FREESTYLE STRIPS AND KITS All other test strips that are not ACCU-CHEK or ONETOUCH brand	ACCU-CHEK AVIVA PLUS STRIPS AND KITS <sup>7</sup> , ACCU-CHEK COMPACT PLUS STRIPS AND KITS <sup>7</sup> , ACCU-CHEK GUIDE STRIPS AND KITS <sup>7</sup> , ACCU-CHEK SMARTVIEW STRIPS AND KITS <sup>7</sup> , ONETOUCH ULTRA STRIPS AND KITS <sup>7</sup> , ONETOUCH VERIO STRIPS AND KITS <sup>7</sup>
	ENLITE CONTINUOUS GLUCOSE MONITORING SYSTEM EVERSENSE CONTINUOUS GLUCOSE MONITORING SYSTEM FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN CONNECT CONTINUOUS GLUCOSE MONITORING SYSTEM GUARDIAN REAL-TIME CONTINUOUS GLUCOSE MONITORING SYSTEM All other continuous glucose monitoring systems that are not DEXCOM brand	DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM
<b>Dietary Supplements</b>	FOSTEUM FOSTEUM PLUS	<i>alendronate, ibandronate, risedronate</i>
	<i>Activite</i> <i>Dexifol</i> <i>Folvite-D</i> <i>Genicin Vita-S</i> <i>HylaVite</i> <i>Lorid</i> <i>TronVite</i> <i>Vitasure</i> <i>Xvite</i> FERIVA 21/7 FOLIC-K NICADAN NICAPRIN NICAZEL NICAZEL FORTE NICOMIDE OMNIVEX ORTHO D ORTHO DF RHEUMATE RIBOZEL TALIVA XYZBAC ZYVIT	<i>folic acid</i>
	<i>MultiPro</i> PRODIGEN VASCULERA	Consult doctor
<b>Endocrine and Metabolic Corticosteroids</b>	<i>betamethasone acetate-</i> <i>betamethasone sodium phosphate</i> (NDC <sup>^</sup> 71283062002 only) BETAMETHASONE ACETATE- BETAMETHASONE SODIUM PHOSPHATE MILLIPRED RAYOS	<i>dexamethasone, hydrocortisone, methylprednisolone,</i> <i>prednisolone solution, prednisone</i>
<b>Endocrine and Metabolic Progestins</b>	PROMETRIUM	<i>medroxyprogesterone; progesterone, micronized</i>
<b>Endometriosis *</b>	LUPRON DEPOT ZOLADEX	ORILISSA
<b>Erectile Dysfunction *</b> Phosphodiesterase Inhibitors	CIALIS STENDRA VIAGRA	<i>sildenafil, tadalafil</i>

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Fertility Regulators</i> Follicle-Stimulating Hormones	FOLLISTIM AQ	GONAL-F
<i>Gastrointestinal</i> Anticholinergics	<i>chlordiazepoxide-clidinium</i> (NDCs <sup>^</sup> 11534019701, 42494040901, 51293069601, 51293069610, 67877073101, 70700018501 only) <i>hyoscyamine sulfate ext-rel</i> Oscimin SR Symax-SR GLYCOPYRROLATE TABLET 1.5 MG LIBRAX	<i>dicyclomine</i>
<i>Gastrointestinal</i> Antidiarrheals	ENTERAGAM	<i>alosetron</i> , VIBERZI, XIFAXAN 550 MG
	MYTESI	<i>diphenoxylate-atropine</i> , <i>loperamide</i>
<i>Gastrointestinal</i> Antiemetics	TRANSDERM SCOP	<i>meclizine</i> , <i>scopolamine transdermal</i>
	ZUPLENZ	<i>granisetron</i> , <i>ondansetron</i> , SANCUSO
<i>Gastrointestinal</i> Irritable Bowel Syndrome	AMITIZA	<i>lubiprostone</i> , LINZESS, MOVANTIK, SYMPROIC
<i>Gastrointestinal</i> Laxatives	LACTULOSE PAK	<i>lactulose solution</i>
	GOLYTELY MOVIPREP OSMOPREP SUPREP	<i>peg 3350-electrolytes</i> , CLENPIQ
<i>Gastrointestinal</i> Probiotics	<i>LactoJen</i> PROVAD ZELAC	Consult doctor
<i>Gastrointestinal</i> Proton Pump Inhibitors (PPIs)	<i>omeprazole-sodium bicarbonate</i> <i>pantoprazole delayed-rel suspension</i> ACIPHEX ACIPHEX SPRINKLE NEXIUM PREVACID PRILOSEC PROTONIX ZEGERID	<i>esomeprazole delayed-rel</i> , <i>lansoprazole delayed-rel</i> , <i>omeprazole delayed-rel</i> , <i>pantoprazole delayed-rel tablet</i> , DEXILANT
<i>Gastrointestinal</i> Ulcer Treatment	<i>sucralfate suspension</i> CARAFATE	<i>sucralfate tablet</i>
<i>Gaucher Disease</i>	ELELYSO	CERDELGA, CEREZYME
<i>Genitourinary</i> Interstitial Cystitis	ELMIRON RIMSO-50	Consult doctor
<i>Genitourinary</i> Miscellaneous	LITHOSTAT	Consult doctor
	THIOLA THIOLA EC	<i>tiopronin</i>
<i>Gout *</i>	<i>colchicine capsule</i> COLCRYS	<i>colchicine tablet</i> , MITIGARE
	ULORIC	<i>allopurinol</i>
<i>Growth Hormones</i>	HUMATROPE NUTROPIN AQ OMNITROPE SAIZEN	GENOTROPIN, NORDITROPIN

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>Hematologic</i> Anticoagulants Injectable	<i>heparin sodium in 5% dextrose</i> HEPARIN SODIUM IN 5% DEXTROSE	<i>enoxaparin, fondaparinux</i>
<i>Hematologic</i> Anticoagulants Oral	ELIQUIS PRADAXA	<i>warfarin, XARELTO</i>
<i>Hematologic</i> Chelating Agents	CUPRIMINE	<i>penicillamine</i>
	DESFERAL EXJADE FERRIPROX JADENU	<i>deferasirox, deferiprone, deferoxamine</i>
	SYPRINE	<i>trientine</i>
<i>Hematologic</i> Erythropoiesis-Stimulating Agents	ARANESP EPOGEN PROCRIT	RETACRIT
<i>Hematologic</i> Hemophilia B	ALPROLIX	Consult doctor
<i>Hematologic</i> Miscellaneous Bleeding Disorders Agents	FEIBA	NOVOSEVEN RT, SEVENFACT
<i>Hematologic</i> Neutropenia Colony Stimulating Factors	FULPHILA NEULASTA NEULASTA ONPRO UDENYCA	ZIEXTENZO
	GRANIX LEUKINE NEUPOGEN ZARXIO	NIVESTYM
<i>Hematologic</i> Platelet Aggregation Inhibitors	PLAVIX	<i>clopidogrel, prasugrel, BRILINTA</i>
	ZONTIVITY	Consult doctor
<i>Hematologic</i> Thrombocytopenia Agents	MULPLETA	Consult doctor
	NPLATE	PROMACTA, TAVALLISSE
<i>High Blood Pressure *</i> ACE Inhibitor / Diuretic Combinations	ZESTORETIC	<i>fosinopril-hydrochlorothiazide, lisinopril-hydrochlorothiazide, quinapril-hydrochlorothiazide</i>
<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonists	ATACAND BENICAR COZAAR DIOVAN EDARBI MICARDIS	<i>candesartan, irbesartan, losartan, olmesartan, telmisartan, valsartan</i>
<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonist / Diuretic Combinations	ATACAND HCT BENICAR HCT DIOVAN HCT EDARBYCLOR HYZAAR MICARDIS HCT	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i>
<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations	AZOR EXFORGE	<i>amlodipine-olmesartan, amlodipine-telmisartan, amlodipine-valsartan</i>

<b>Category Drug Class</b>	<b>Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup></b>	<b>Formulary Options</b>
<i>High Blood Pressure *</i> Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations	EXFORGE HCT	<i>amlodipine-valsartan-hydrochlorothiazide, olmesartan-amlodipine-hydrochlorothiazide</i>
<i>High Blood Pressure *</i> Beta-blockers	COREG CR INDERAL LA INDERAL XL INNOPRAN XL TOPROL-XL	<i>atenolol, carvedilol, carvedilol phosphate ext-rel, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC</i>
<i>High Blood Pressure *</i> Beta-blocker Combinations	DUTOPROL	<i>metoprolol succinate ext-rel WITH hydrochlorothiazide</i>
<i>High Blood Pressure *</i> Calcium Channel Blockers	NORVASC	<i>amlodipine</i>
	<i>diltiazem ext-rel</i> (generics for CARDIZEM LA only) <i>Matzim LA</i> CARDIZEM CARDIZEM CD CARDIZEM LA	<i>diltiazem ext-rel</i> (except generics for CARDIZEM LA)
<i>High Blood Pressure *</i> Calcium Channel Blocker / Nonsteroidal Anti-inflammatory Drugs (NSAIDs) Combinations	CONSENSI	<i>amlodipine WITH celecoxib</i>
<i>Huntington's Disease</i>	XENAZINE	<i>tetrabenazine, AUSTEDO</i>
<i>Immunology</i> Hereditary Angioedema	BERINERT	<i>icatibant, RUCONEST</i>
	CINRYZE HAEGARDA	ORLADEYO, TAKHZYRO
<i>Immunology</i> Rapamycin Derivatives	ZORTRESS	<i>everolimus</i>
<i>Inflammatory Bowel Disease (IBD)</i> Ulcerative Colitis *	<i>budesonide ext-rel</i> <i>mesalamine delayed-rel tablet 800 mg</i> COLAZAL DELZICOL LIALDA	<i>balsalazide, mesalamine delayed-rel</i> (except <i>mesalamine delayed-rel tablet 800 mg</i> ), <i>mesalamine ext-rel, sulfasalazine, sulfasalazine delayed-rel, ASACOL HD, PENTASA</i>
<i>Kidney Disease *</i> Phosphate Binders	<i>lanthanum carbonate</i> FOSRENOL	<i>calcium acetate, sevelamer carbonate, PHOSLYRA, VELPHORO</i>
<i>Menopausal Symptom Agents</i> Oral	<i>paroxetine mesylate capsule 7.5 mg</i>	<i>paroxetine HCl</i>
	MENEST OSPHENA PREMARIN	<i>estradiol</i>
<i>Menopausal Symptom Agents</i> Transdermal	MINIVELLE VIVELLE-DOT	<i>estradiol, DIVIGEL, EVAMIST</i>
<i>Menopausal Symptom Agents</i> Vaginal	<i>estradiol vaginal tablet</i> <i>Yuvafem</i> ESTRING FEMRING INTRAROSA PREMARIN CREAM	<i>estradiol vaginal cream, IMVEXXY, VAGIFEM</i>
<i>Multiple Sclerosis</i>	EXTAVIA TECFIDERA	<i>dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, AVONEX, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
<i>Musculoskeletal</i>	<i>carisoprodol 250 mg</i> <i>chlorzoxazone 250 mg</i> <i>chlorzoxazone 375 mg</i> <i>chlorzoxazone 500 mg (NDC<sup>^</sup> 73007001303 only)</i> <i>chlorzoxazone 750 mg</i> <i>cyclobenzaprine ext-rel capsule</i> <i>cyclobenzaprine tablet 7.5 mg</i> <i>metaxalone 400 mg</i> <i>methocarbamol 500 mg (NDC<sup>^</sup> 69036091010 only)</i> <i>methocarbamol 750 mg</i> <i>(NDCs<sup>^</sup> 69036093090, 70868090190 only)</i> <i>orphenadrine-aspirin-caffeine</i> <i>Fexmid</i> <i>Lorzone</i> <i>Orphengesic Forte</i> <i>AMRIX</i> <i>NORGESIC FORTE</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
<i>Narcolepsy Wakefulness Promoters</i>	NUVIGIL PROVIGIL	<i>armodafinil, modafinil, SUNOSI, WAKIX, XYWAV</i>
<i>Ophthalmic Allergies</i>	ALREX BEPREVE LASTACRAFT ZERVIAE	<i>azelastine, bepotastine, cromolyn sodium, olopatadine</i>
<i>Ophthalmic Anti-infectives</i>	AZASITE CILOXAN	<i>ciprofloxacin, erythromycin, gentamicin, levofloxacin, moxifloxacin, ofloxacin, sulfacetamide, tobramycin, BESIVANCE</i>
<i>Ophthalmic Anti-infective / Anti-inflammatory</i>	TOBRADEX ST ZYLET	<i>neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, tobramycin-dexamethasone, TOBRADEX OINTMENT</i>
<i>Ophthalmic Anti-inflammatory, Nonsteroidal</i>	ACUVAIL BROMSITE NEVANAC	<i>bromfenac, diclofenac, ketorolac, ILEVRO, PROLENSA</i>
<i>Ophthalmic Anti-inflammatory, Steroidal</i>	FLAREX FML FORTE FML LIQUIFILM FML S.O.P. INVELTYS LOTEMAX LOTEMAX SM MAXIDEX PRED FORTE PRED MILD	<i>dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL</i>
<i>Ophthalmic Antivirals</i>	ZIRGAN	<i>trifluridine</i>
<i>Ophthalmic Artificial Tears</i>	LACRISERT	RESTASIS, XIIDRA
<i>Ophthalmic Glaucoma</i>	<i>bimatoprost solution 0.03%</i> TRAVATAN Z	<i>latanoprost, travoprost, LUMIGAN, ZIOPTAN</i>
	BETIMOL TIMOPTIC OCUDOSE	<i>timolol maleate solution, BETOPTIC S</i>
<i>Ophthalmic Miscellaneous</i>	AVENOVA	Consult doctor
<i>Opioid Dependency</i>	SUBOXONE	<i>buprenorphine-naloxone sublingual, ZUBSOLV</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
<i>Osteoarthritis</i> * Viscosupplements	GEL-ONE HYALGAN MONOVISC ORTHOVISC SYNVISC SYNVISC-ONE VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
<i>Osteoporosis</i> * Calcium Regulators	MIACALCIN INJECTION	<i>alendronate, calcitonin-salmon, ibandronate, risedronate</i> , FORTEO, PROLIA, TYMLOS
<i>Otic</i> Anti-infective / Anti-inflammatory	CIPRO HC CIPRODEX	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>
<i>Overactive Bladder / Incontinence</i> * Urinary Antispasmodics	DETROL LA OXYTROL	<i>darifenacin ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, MYRBETRIQ, TOVIAZ</i>
<i>Pain</i> Headache *	<i>butalbital-acetaminophen tablet 50-300 mg</i> <i>butalbital-acetaminophen-caffeine capsule</i> <i>Bupap</i> BUTALBITAL-ACETAMINOPHEN (NDC <sup>^</sup> 69499034230 only) CAMBIA FIORICET CAPSULE	<i>diclofenac sodium, ibuprofen, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>dihydroergotamine spray</i> <i>ergotamine-caffeine</i> <i>Migergot</i> CAFERGOT MAXALT MAXALT-MLT	<i>eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan</i> , NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH, ZOMIG NASAL SPRAY
	<i>sumatriptan-naproxen</i> TREMIMET	<i>diclofenac sodium, ibuprofen or naproxen (except naproxen CR or naproxen suspension) WITH eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan</i> , NURTEC ODT, ONZETRA XSAIL, UBRELVY, ZEMBRACE SYMTOUCH or ZOMIG NASAL SPRAY
<i>Pain</i> Migraine CGRP Inhibitors	AIMOVIG	AJOVY, EMGALITY
<i>Pain</i> Neuropathic Pain *	LYRICA	<i>duloxetine, pregabalin, pregabalin ext-rel</i>
<i>Pain</i> Opioid Analgesics	BUTRANS	<i>buprenorphine transdermal</i> , BELBUCA
	LAZANDA	<i>fentanyl transmucosal lozenge</i> , SUBSYS
	<i>levorphanol</i> <i>oxymorphone ext-rel</i> HYSINGLA ER OXYCONTIN ZOHYDRO ER	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel</i> , NUCYNTA ER, XTAMPZA ER
	PERCOCET	<i>hydrocodone-acetaminophen, hydromorphone, morphine, oxycodone-acetaminophen</i> , NUCYNTA
	<i>tramadol</i> (NDC <sup>^</sup> 52817019610 only) <i>tramadol ext-rel capsule</i>	<i>tramadol (except NDC<sup>^</sup> 52817019610), tramadol ext-rel tablet</i>
<i>Pain</i> Topical Local Anesthetics	LIDOCAINE-TETRACAINE CREAM (NDC <sup>^</sup> 71800063115 only) LIDOTREX	<i>lidocaine-prilocaine</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
<i>Pain and Inflammation</i> * Nonsteroidal Anti-inflammatory Drugs (NSAIDs) / Combinations	ARTHROTEC	<i>celecoxib; diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet or DEXILANT</i>
	CELEBREX	<i>celecoxib, diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>Inflammacin</i> NuDiclo SoluPak NuDiclo TabPak PENNSAID	<i>diclofenac sodium, diclofenac sodium gel 1%, diclofenac sodium solution, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>fenoprofen</i> <i>indomethacin capsule 20 mg</i> <i>ketoprofen capsule 25 mg</i> <i>ketoprofen ext-rel capsule</i> <i>mefenamic acid (NDC<sup>^</sup> 69336012830 only)</i> <i>meloxicam capsule</i> <i>naproxen CR</i> <i>naproxen suspension</i> FENOPROFEN CAPSULE INDOCIN NAPRELAN SPRIX ZORVOLEX	<i>diclofenac sodium, ibuprofen, meloxicam tablet, naproxen (except naproxen CR or naproxen suspension)</i>
	<i>naproxen-esomeprazole</i>	<i>diclofenac sodium, ibuprofen, meloxicam tablet or naproxen (except naproxen CR or naproxen suspension) WITH esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet or DEXILANT</i>
<i>Parkinson's Disease</i>	APOKYN	INBRIJA, KYNMOBI
	NOURIANZ	<i>amantadine, entacapone, pramipexole, pramipexole ext-rel, rasagiline, ropinirole, ropinirole ext-rel, selegiline, NEUPRO</i>
	RYTARY	<i>carbidopa-levodopa, carbidopa-levodopa ext-rel</i>
<i>Phenylketonuria</i>	KUVAN	<i>sapropterin</i>
<i>Postherpetic Neuralgia</i>	HORIZANT	<i>gabapentin, pregabalin ext-rel, GRALISE</i>
<i>Premenstrual Dysphoric Disorder (PMDD)</i>	<i>fluoxetine tablet (generics for SARAFEM only)</i>	<i>fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl ext-rel (except NDC<sup>^</sup> 60505367503), sertraline</i>
<i>Prenatal Vitamins</i> <sup>9</sup>	AZESCO PRENATAL PLUS TRINAZ VITAFOL-ONE ZALVIT All other brand prenatal vitamins that are not CITRANATAL	<i>prenatal vitamins, CITRANATAL</i>
<i>Prostate Condition</i> Benign Prostatic Hyperplasia *	JALYN	<i>dutasteride-tamsulosin; dutasteride or finasteride WITH alfuzosin ext-rel, doxazosin, silodosin, tamsulosin or terazosin</i>
	RAPAFLO UROXATRAL	<i>alfuzosin ext-rel, doxazosin, silodosin, tamsulosin, terazosin</i>
<i>Respiratory</i> Alpha-1 Antitrypsin Deficiency	ARALAST NP GLASSIA ZEMAIRA	PROLASTIN-C
<i>Respiratory</i> Anaphylaxis Treatment Agents	ADRENALIN SYMJEPI	<i>epinephrine auto-injector, AUVI-Q, EPIPEN, EPIPEN JR</i>
<i>Respiratory</i> Cough	<i>benzonatate (NDCs<sup>^</sup> 69336012615, 69499032915 only)</i>	<i>benzonatate (except NDCs<sup>^</sup> 69336012615, 69499032915)</i>

Category Drug Class	Drugs Requiring Prior Authorization for Medical Necessity <sup>1</sup>	Formulary Options
Respiratory Xanthines	THEO-24	<i>ipratropium inhalation solution</i> , PERFOROMIST, SEREVENT, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI
Sleep Disorder Hypnotics, Non-benzodiazepines	<i>quazepam</i> <i>zolpidem sublingual</i> LUNESTA ROZEREM SILENOR ZOLPIMIST	<i>doxepin</i> , <i>eszopiclone</i> , <i>ramelteon</i> , <i>zolpidem</i> , <i>zolpidem ext-rel</i> , BELSOMRA
Testosterone Replacement * Androgens	<i>testosterone gel 1%</i> (authorized generics for TESTIM and VOGELXO only) ANDROGEL FORTESTA TESTIM VOGELXO	<i>testosterone gel</i> (except authorized generics for TESTIM and VOGELXO), <i>testosterone solution</i> , ANDRODERM, NATESTO
Thyroid Supplements	CYTOMEL NATURE-THROID WESTHROID WP THYROID	<i>levothyroxine</i> , <i>liothyronine</i> , SYNTHROID
	TIROSINT	<i>levothyroxine</i> , SYNTHROID
Uterine Fibroids *	LUPRON DEPOT	ORIAHNN, MYFEMBREE

Category Drug Class	Other Considerations
All Drugs	On a quarterly basis, new and existing products - including limited source generics, products with significant cost inflation, and specialty and non-specialty products - may be re-evaluated to determine appropriate formulary placement. These evaluations will assess whether clinically appropriate and cost-effective options remain available on the formulary and may result in additional products not covered without a medical exception, addition or deletion of a product.
Autoimmune and Hepatitis C *	For some clients, an Indication-Based Formulary will be utilized for products in these classes and may result in additional products not covered for certain conditions without a medical exception.
Drugs for Infusion Into Spaces Other Than the Blood	A drug that must be infused into a space other than the blood will generally not be covered under the prescription drug benefit.
New-to-Market Agents <sup>1</sup>	New-to-market products and new variations of products already in the marketplace will not be added to the formulary immediately. Each product will be evaluated for clinical appropriateness and cost-effectiveness. Recommended additions to the formulary will be presented to the CVS Caremark® National Pharmacy and Therapeutics Committee (or other appropriate reviewing body) for review and approval.

The listed formulary options are subject to change.

## List of Drugs Requiring Prior Authorization for Medical Necessity

ABILIFY	AIMOVIG	APTENSIO XR
ACANYA	ALCORTIN A	APTIVUS
ACIPHEX	ALEVICYN GEL	ARALAST NP
ACIPHEX SPRINKLE	ALEVICYN SG	ARANESP
ACTEMRA ACTPEN	ALEVICYN SOLUTION	ARTHROTEC
ACTEMRA INTRAVENOUS	ALIQOPA	ASMANEX
ACTEMRA SUBCUTANEOUS	ALLISON MEDICAL INSULIN SYRINGES <sup>6</sup>	ASMANEX HFA
ACTICLATE	ALPROLIX	ATACAND
<i>Activite</i>	ALREX	ATACAND HCT
ACTOS	ALTOPREV	ATIVAN
ACUVAIL	ALVESCO	ATOPADERM
<i>acyclovir cream</i>	AMITIZA	ATRIPLA
ADDERALL	AMRIX	AVASTIN
ADRENALIN	ANDROGEL	AVENOVA
ADZENYS ER	APEXICON E	AVSOLA
ADZENYS XR-ODT	APIDRA	AZASITE
AFINITOR	APOKYN	AZELEX



AZESCO  
AZOR  
BALCOLTRA  
BANZEL SUSPENSION  
BARACLUDE TABLET  
BEAU RX  
BECONASE AQ  
BENICAR  
BENICAR HCT  
BENSAL HP  
BENZAFLIN  
*benzonatate* (NDCs<sup>^</sup> 69336012615, 69499032915 only)  
BEPREVE  
BERINERT  
*betamethasone acetate-betamethasone sodium phosphate*  
(NDC<sup>^</sup> 71283062002 only)  
BETAMETHASONE ACETATE-  
BETAMETHASONE SODIUM PHOSPHATE  
BETAPACE  
BETAPACE AF  
BETIMOL  
BEVESPI AEROSPHERE  
BEYAZ  
*bimatoprost solution 0.03%*  
BORTEZOMIB  
BOTOX  
BREEZE 2 STRIPS AND KITS <sup>8</sup>  
BROMSITE  
*budesonide ext-rel*  
*Bupap*  
*bupropion ext-rel tablet 450 mg*  
*butalbital-acetaminophen tablet 50-300 mg*  
BUTALBITAL-ACETAMINOPHEN  
(NDC<sup>^</sup> 69499034230 only)  
*butalbital-acetaminophen-caffeine capsule*  
BUTRANS  
BYDUREON BCISE  
BYETTA  
CAFERGOT  
*calcipotriene cream*  
*calcipotriene foam*  
CALCIPOTRIENE FOAM  
*calcipotriene-betamethasone*  
*calcitriol ointment*  
CAMBIA  
CARAC  
CARAFATE  
CARBINOXAMINE TABLET 6 MG  
CARDIZEM  
CARDIZEM CD  
CARDIZEM LA  
*carisoprodol 250 mg*  
CARNITOR  
CARNITOR SF  
CELEBREX  
*chlordiazepoxide-clidinium* (NDCs<sup>^</sup> 11534019701,  
42494040901, 51293069601, 51293069610,  
67877073101, 70700018501 only)  
*chlorzoxazone 250 mg*  
*chlorzoxazone 375 mg*  
*chlorzoxazone 500 mg* (NDC<sup>^</sup> 73007001303 only)  
*chlorzoxazone 750 mg*  
CIALIS  
CICATRACE  
CILOXAN  
CIMZIA LYOPHILIZED POWDER  
CIMZIA PREFILLED SYRINGE  
CINRYZE  
CIPRO HC  
CIPRODEX  
*clindamycin gel* (NDC<sup>^</sup> 68682046275 only)  
*clobetasol spray*  
CLOBEX SPRAY  
*clocortolone cream*  
COLAZAL  
*colchicine capsule*  
COLCRYS  
COMPLERA

CONSENSI  
CONTOUR NEXT STRIPS AND KITS <sup>8</sup>  
CONTOUR STRIPS AND KITS <sup>8</sup>  
CONTRAIVE  
CORDRAN CREAM  
CORDRAN LOTION  
CORDRAN OINTMENT  
CORDRAN TAPE  
COREG CR  
*CoreMino*  
COZAAR  
CRESEMBA  
CRESTOR  
CUPRIMINE  
*cyclobenzaprine ext-rel capsule*  
*cyclobenzaprine tablet 7.5 mg*  
CYMBALTA  
CYTOMEL  
DARAPRIM  
DAYTRANA  
DELZICOL  
DESFERAL  
*desoximetasone ointment 0.05%*  
DETROL LA  
*dexchlorpheniramine*  
*Dexifol*  
DIFFERIN LOTION  
*difflorasone cream*  
*difflorasone ointment*  
*dihydroergotamine spray*  
*diltiazem ext-rel* (generics for CARDIZEM LA only)  
DIOVAN  
DIOVAN HCT  
*Diphen Elixir*  
DORYX  
DORYX MPC  
*doxepin cream*  
*doxycycline hyclate delayed-rel tablet 50 mg*  
*doxycycline hyclate delayed-rel tablet 100 mg*  
*doxycycline hyclate delayed-rel tablet 200 mg*  
*doxycycline hyclate tablet 50 mg*  
(NDC<sup>^</sup> 72143021160 only)  
*doxycycline hyclate tablet 75 mg*  
*doxycycline hyclate tablet 150 mg*  
*doxycycline monohydrate capsule 75 mg*  
*doxycycline monohydrate capsule 150 mg*  
*doxycycline monohydrate delayed-rel capsule*  
DULERA  
DUTOPROL  
DYRENIUM  
EDARBI  
EDARBYCLOR  
E.E.S. GRANULES  
EFFEXOR XR  
ELELYSO  
ELIDEL  
ELIQUIS  
ELMIRON  
ENLITE CONTINUOUS GLUCOSE  
MONITORING SYSTEM  
ENTERAGAM  
ENTYVIO (For Crohn's Disease Only)  
EPICERAM  
EPOGEN  
*ergotamine-caffeine*  
ERYPED  
*estradiol vaginal tablet*  
ESTRING  
EVEKEO  
EVERSENSE CONTINUOUS  
GLUCOSE MONITORING SYSTEM  
EXFORGE  
EXFORGE HCT  
EXJADE  
EXTAVIA  
FABIOR  
FANAPT  
FEIBA

FEMRING  
*fenofibrate capsule 50 mg*  
*fenofibrate capsule 130 mg*  
*fenofibrate tablet 40 mg*  
*fenofibrate tablet 120 mg*  
FENOGLIDE TABLET 120 MG  
*fenoprofen*  
FENOPROFEN CAPSULE  
FERIVA 21/7  
FERRIPROX  
*Fexmid*  
FINACEA GEL  
FIORICET CAPSULE  
FLAREX  
*flucytosine capsule 500 mg*  
*fluocinonide cream 0.1%*  
*fluorouracil cream 0.5%*  
*fluoxetine tablet* (generics for SARAFEM only)  
*fluoxetine tablet 60 mg*  
*flurandrenolide cream*  
*flurandrenolide lotion*  
*flurandrenolide ointment*  
FML FORTE  
FML LIQUIFILM  
FML S.O.P.  
FOCALIN XR  
FOLIC-K  
FOLLISTIM AQ  
*Folvite-D*  
FORTAMET  
FORTESTA  
FOSRENOL  
FOSTEUM  
FOSTEUM PLUS  
FREESTYLE LIBRE CONTINUOUS  
GLUCOSE MONITORING SYSTEM  
FREESTYLE STRIPS AND KITS <sup>8</sup>  
FULPHILA  
GEL-ONE  
*Genicin Vita-S*  
GLASSIA  
GLEEVEC  
GLUMETZA  
GLYCOPYRROLATE TABLET 1.5 MG  
GOLYTELY  
GRANIX  
GUARDIAN CONNECT CONTINUOUS  
GLUCOSE MONITORING SYSTEM  
GUARDIAN REAL-TIME CONTINUOUS  
GLUCOSE MONITORING SYSTEM  
HAEGARDA  
*halcinonide cream*  
HALOG  
*heparin sodium in 5% dextrose*  
HEPARIN SODIUM IN 5% DEXTROSE  
HERCEPTIN  
HERCEPTIN HYLECTA  
HORIZANT  
HUMALOG  
HUMALOG MIX 50/50  
HUMALOG MIX 75/25  
HUMATROPE  
HUMULIN 70/30 <sup>4</sup>  
HUMULIN N <sup>4</sup>  
HUMULIN R <sup>4</sup>  
HYALGAN  
*hydrocortisone butyrate lipophilic cream 0.1%*  
*hydrocortisone butyrate lotion*  
*HylaVite*  
*hyoscyamine sulfate ext-rel*  
HYSINGLA ER  
HYZAAR  
ICLUSIG  
*icosapent ethyl*  
ILUMYA  
INCRUSE ELLIPTA  
INDERAL LA  
INDERAL XL

INDOCIN  
*indomethacin capsule 20 mg*  
Inflammacin  
INFLECTRA  
INNOPRAN XL  
INTRAROSA  
INTUNIV  
INVELTYS  
INVIRASE  
INVOKAMET  
INVOKAMET XR  
INVOKANA  
*isosorbide dinitrate 40 mg*  
*ivermectin cream*  
JADENU  
JALYN  
JENTADUETO  
JENTADUETO XR  
KAMDOY  
KAZANO  
*ketoconazole foam 2%*  
*Ketodan*  
*ketoprofen capsule 25 mg*  
*ketoprofen ext-rel capsule*  
KINERET  
KOMBIGLYZE XR  
KUVAN  
KYPROLIS  
LACRISERT  
*Lactojen*  
LACTULOSE PAK  
LANOXIN TABLET (125 MCG and 250 MCG only)  
*lanthanum carbonate*  
LANTUS  
LASTACRAFT  
LAZANDA  
LESCOL XL  
LETAIRIS  
LEUKINE  
*levorphanol*  
LEXAPRO  
LEXIVA  
LIALDA  
LIBRAX  
LIDOCAINE-TETRACAINE CREAM  
(NDC<sup>^</sup> 71800063115 only)  
LIDOTREX  
LIPITOR  
LITHOSTAT  
LIVALO  
*Lorid*  
*Lorzone*  
LOTEMAX  
LOTEMAX SM  
*luliconazole*  
LUNESTA  
LUPRON DEPOT  
LYRICA  
MACRODANTIN  
*Matzim LA*  
MAVYRET  
MAXALT  
MAXALT-MLT  
MAXIDEX  
*mefenamic acid (NDC<sup>^</sup> 69336012830 only)*  
*meloxicam capsule*  
MENEST  
*mesalamine delayed-rel tablet 800 mg*  
*metaxalone 400 mg*  
*metformin ext-rel*  
(generics for FORTAMET and GLUMETZA only)  
*methocarbamol 500 mg (NDC<sup>^</sup> 69036091010 only)*  
*methocarbamol 750 mg (NDCs<sup>^</sup> 69036093090,  
70868090190 only)*  
MIACALCIN INJECTION  
MICARDIS  
MICARDIS HCT  
*Migergot*

MILLIPRED  
MINASTRIN 24 FE  
MINIVELLE  
*minocycline ext-rel*  
MIRVASO  
*Mondoxyne NL capsule 75 mg*  
MONOVISC  
MOVIPREP  
MULPLETA  
*MultiPro*  
*mupirocin cream*  
MYTESI  
NAPRELAN  
*naproxen CR*  
*naproxen suspension*  
*naproxen-esomeprazole*  
NATURE-THROID  
NEO-SYNALAR  
NESINA  
NEULASTA  
NEULASTA ONPRO  
NEUPOGEN  
NEVANAC  
NEXIUM  
*niacin tablet 500 mg*  
*Niacor*  
NICADAN  
NICAPRIN  
NICAZEL  
NICAZEL FORTE  
NICOMIDE  
NILANDRON  
*nitrofurantoin (NDCs<sup>^</sup> 16571074024, 70408023932 only)*  
*Nolix*  
NORGESIC FORTE  
NORITATE  
NORPACE  
NORVASC  
NOURIANZ  
NOVACORT  
NOVO NORDISK NEEDLES <sup>6</sup>  
NOXAFIL  
NPLATE  
*NuDiclo SoluPak*  
*NuDiclo TabPak*  
NUTROPIN AQ  
NUVARING  
NUVIGIL  
OLEPTRO  
OLUX-E  
*omeprazole-sodium bicarbonate*  
OMNARIS  
OMNITROPE  
OMNIVEX  
ONFI  
ONGLYZA  
ORENCIA CLICKJECT  
ORENCIA INTRAVENOUS  
ORENCIA SUBCUTANEOUS  
*orphenadrine-aspirin-caffeine*  
*Orphengesic Forte*  
ORTHO D  
ORTHO DF  
ORTHOVISC  
*Oscimin SR*  
OSENI  
OSMOPREP  
OSPHENA  
OWEN MUMFORD NEEDLES <sup>6</sup>  
*oxiconazole (NDCs<sup>^</sup> 00168035830, 51672135902 only)*  
OXYCONTIN  
*oxymorphone ext-rel*  
OXYTROL  
*pantoprazole delayed-rel suspension*  
*paroxetine HCl ext-rel (NDC<sup>^</sup> 60505367503 only)*  
*paroxetine mesylate capsule 7.5 mg*  
PAXIL  
PAXIL CR

PENNSAID  
PERCOCET  
PERRIGO NEEDLES <sup>6</sup>  
PEXEVA  
PLAVIX  
POLYTOZA  
*posaconazole delayed-rel tablet*  
PRADAXA  
PRED FORTE  
PRED MILD  
PREMARIN  
PREMARIN CREAM  
PRENATAL PLUS  
PREVACID  
PREVIDENT  
PRILOSEC  
PRISTIQ  
PROAIR HFA  
PROAIR RESPICLICK  
PROCRIT  
PRODIGEN  
PROMETRIUM  
PROTONIX  
PROVAD  
PROVENTIL HFA  
PROVIGIL  
PROZAC  
PSORCON  
QNASL  
QTERN  
*quazepam*  
RAPAFLO  
RAYOS  
RECEDO  
REMODULIN  
RENFLEXIS  
REPATHA  
RHEUMATE  
RIABNI  
RIBOZEL  
RIMSO-50  
RIOMET  
RITUXAN  
ROZEREM  
*RyClora*  
RYTARY  
SABRIL  
SAIZEN  
SANDOSTATIN LAR  
SCARSILK PAD  
SEASONIQUE  
SEROQUEL XR  
SIGNIFOR LAR  
SIL-K PAD  
SILENOR  
SILIVEX  
SILTREX  
SIMPONI  
SINGULAIR  
SOMAVERT  
SORILUX  
SPRIX  
STENDRA  
SUBOXONE  
*sucralfate suspension*  
*sumatriptan-naproxen*  
SUPREP  
*Symax-SR*  
SYMJEPI  
SYNERDERM  
SYNVISC  
SYNVISC-ONE  
SYPRINE  
TALIVA  
TALTZ  
*Targadox*  
TASIGNA  
*tavorole*

TAYTULLA  
TAZORAC  
TECFIDERA  
TESTIM  
*testosterone gel 1%*  
(authorized generics for TESTIM and VOGELXO only)  
THEO-24  
THIOLA  
THIOLA EC  
TIMOPTIC OCUDOSE  
TIROSINT  
TOBI  
TOBI PODHALER  
TOBRADEX ST  
*topiramate ext-rel capsule (generics for QUDEXY XR only)*  
TOPROL-XL  
TRACLEER  
TRADJENTA  
*tramadol (NDC^ 52817019610 only)*  
*tramadol ext-rel capsule*  
TRANSDERM SCOP  
TRAVATAN Z  
TRELSTAR MIXJECT  
TREXIMET  
*triamcinolone aerosol 0.2%*  
*triamcinolone ointment 0.05%*  
*Trianex*  
TRICOR  
TRINAZ  
TRIVIDIA INSULIN SYRINGES <sup>6</sup>  
*TronVite*  
TRUVADA  
TRUXIMA

TUDORZA  
UDENYCA  
ULORIC  
ULTIMED INSULIN SYRINGES <sup>6</sup>  
ULTIMED NEEDLES <sup>6</sup>  
ULTRAVATE  
UROXATRAL  
VALCYTE  
VALTREX  
*Vanoxide-HC*  
VASCULERA  
VECTICAL  
VELTIN  
*venlafaxine ext-rel tablet (except 225 mg)*  
VENTOLIN HFA  
VEREGEN  
VIAGRA  
VIEKIRA PAK  
VIIBRYD  
VIRACEPT  
VISCO-3  
VITAFOL-ONE  
*Vitasure*  
VIVELLE-DOT  
VOGELXO  
WESTHROID  
WP THYROID  
XALKORI  
XANAZ  
XANAX  
XANAX XR  
XENAZINE  
XENICAL  
XOLEGEL

XOPENEX HFA  
*Xvite*  
XYZBAC  
YASMIN  
YAZ  
*Yuvafem*  
ZALVIT  
ZARXIO  
ZEGERID  
ZELAC  
ZEMAIRA  
ZEPATIER  
ZERVIAE  
ZESTORETIC  
ZETIA  
ZETONNA  
ZIANA  
*zileuton ext-rel*  
ZIRGAN  
ZOHYDRO ER  
ZOLADEX  
ZOLOFT  
*zolpidem sublingual*  
ZOLPIMIST  
ZONEGRAN  
ZONTIVITY  
ZORTRESS  
ZORVOLEX  
ZUPLLENZ  
ZYDELIG  
ZYLET  
ZYTIGA  
ZYVIT

There may be additional drugs subject to prior authorization or other plan design restrictions. Please consult your plan for further information.

This list represents brand products in CAPS, branded generics in upper- and lowercase *italics*, and generic products in lowercase *italics*. This is not an all-inclusive list of available drug options. Log in to [Caremark.com](https://www.caremark.com) to check coverage and copay information for a specific drug. Discuss this information with your doctor or health care provider. This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. CVS Caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information. This list is subject to change.

Subject to applicable laws and regulations.

\* This list indicates the common uses for which the drug is prescribed. Some drugs are prescribed for more than one condition.

† Listing does not include certain NDCs<sup>^</sup>.

<sup>^</sup> Drug products are identified by unique numerical product identifiers, called National Drug Codes (NDC), which identify the manufacturer, strength, dosage form, formulation and package size.

<sup>1</sup> If your doctor believes you have a specific clinical need for one of these products, he or she should contact the Prior Authorization department at: 1-855-240-0536.

<sup>2</sup> For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).

<sup>3</sup> If approved for coverage and prescribed for primary prevention of cardiovascular disease, may be covered without cost sharing through an exceptions process.

<sup>4</sup> Rebranded or private label formulations are not covered without a prior authorization for medical necessity (i.e., RELION).

<sup>5</sup> Long Acting Insulins - First Generation.

<sup>6</sup> BD ULTRAFINE syringes and needles are the only preferred options.

<sup>7</sup> An ACCU-CHEK or ONETOUCH blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ACCU-CHEK or ONETOUCH. For more information on how to obtain a blood glucose meter, call: 1-877-418-4746.

<sup>8</sup> ACCU-CHEK or ONETOUCH brand test strips are the only preferred options.

<sup>9</sup> Generic prenatal vitamins and CITRANATAL are the only preferred options.

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